

Mon/Wed Afternoon Session Learn to Swim Activity Registration



Guardian Last Name		Guardian First Name				
Address		City		Zip		
()	()	()		()		
Home Phone	Cell Phone	Work Phone Emergency Phone				
Visa MC	Email:					
Cash Check	Check #:	Received by:				
	Pa	rticipant Information	I			
Participant First Name	Participant Last Name	DOB	Gender	Activity #	FEE	
		/ /	M/F			
		/ /	M/F			
		/ /	M/F			
		/ /	M/F			
Participant Release	Total Fe	ees:				
·	the parent), do hereby release the Ci					

I, the below signed as adult (or the parent), do hereby release the City of Delta, its agents or employees, from liability for injuries or damages whichmay result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from these activities.

Signature Date

Monday & Wednesday Afternoons Registration Dates November 17- December 29, 2015

 Description	Dates	Times	Days	Activity #	FEE
Level 1	Jan 4-Jan 27	2:30-3:00pm	MW	99-J1	\$40.00
Level 2	Jan 4-Jan 27	2:00-3:00pm	MW	99-J2	\$40.00
Level 1	Jan 4-Jan 27	3:10-3:40pm	MW	99-J3	\$40.00
Level 3	Jan 4-Jan 27	3:10-3:40pm	MW	99-J4	\$40.00
Level 4	Jan 4-Jan 27	3:50-4:20pm	MW	99-J5	\$40.00
Level 2	Jan 4-Jan 27	3:50-4:20pm	MW	99-J6	\$40.00



